Primary Revisions
to the
Records Management and Documentation Manual [RM&DM]

Page:	Change:	Detail, Clarification, or Comments:
	PREFACE	
2	Added to scope: outpatient treatment and/or medication management only.	Clarified that the RM&DM applies when LMEs provide these services, or when state funds are used to pay providers under contract with an LME for these services through IPRS.
	CHAPTER 1: GENERAL RECORDS ADMINISTRATION AND REPORTING REQUIREMENTS	
1-2	Added a statement to this chapter re. LME record retention monitoring.	Added this statement, per LME contract, "The LME shall facilitate and monitor the compliance of its providers with applicable record retention and disposition requirements."
1-3	Additional clarification re. LME record disposition [DHHS grants schedule].	Added, in part, "…Department will notify the LME when documents may be destroyed…through the biannual Records Retention and Disposition Memorandum from the DHHS Controller's Office."
1-5	DMA record retention requirements have been reduced to 5 years.	DMA retention requirements were six years in 2008 RMD&M.
1-7	Expounded on STR reporting information.	Clarified the specific situations when the LME Consumer Admission and Discharge Form must be submitted.
1-8	Expounded on NC-TOPPS reporting information.	Clarified the specific situations when the Episode Completion Interview is required.
	CHAPTER 2: THE CLINICAL SERVICE RECORD	
2-3	Added more detail to Contents of a Full Clinical Service Record.	Also added to the list, "Informed written consent for participation in research projects."
2-4	Added more detail to Contents of a Full Clinical Service Record	Added service order to the list, in part, "…the service order is indicated by the appropriate professional's signature entered on the PCP. If a service plan…other than a PCP is used, then a separate service order is required for services that require an order."
2-4	Added more detail to Contents of a Full Clinical Service Record	Added clarification about Axis 5 and when it is required; added, "Copies of any relevant legal papers, such as guardianship/ legally responsible person designation," and added "medication administration," and "medication errors" to the bullet about medication.

2-5	Added more detail to Contents of a Full Clinical Service Record.	Added "Discharge Plans" to the list.
2-5	Detailed the Service Array.	Added links to the various service definitions
2-6	New Section: Closure of the Clinical Service Record	This was added to provide guidance re. closure of a service record. Also clarified the difference in this versus discharge reporting to CDW
[MOVED CHAPTER 3: MEDICAL NECESSITY AND SERVICE ORDERS, WHICH IS NOW CHAPTER 5]		
CHAPTER 3: INITIAL CLINICAL ASSESSMENTS AND EVALUATIONS		
3-1	Included licensed professionals throughout the text.	Sample: "The STR process is completed by a Licensed Professional or a Qualified Professional who is supervised by a Licensed Professional." Included LP in other statements as applicable.
3-2	Removed "Preliminary Diagnoses" paragraph.	Purpose of inclusion of this section was more relevant when Medicaid covered services prior to the completion of the comprehensive clinical assessment [CCA]. Since the CCA is now done prior to service delivery, this paragraph is unnecessary and could possibly be misleading.
3-2	Edits per new legislation.	CCA by a licensed professional is required before service delivery except emergencies.
3-6	Revised Work First section.	Work First section was updated.
3-6	New section: Medical Review of the CCA	Brief summary of the legislation requiring that a CCA be completed by licensed clinician prior to service delivery except in emergencies, etc.
[MOVED CHAPTER 4: SERVICE AUTHORIZATION, WHICH IS NOW CHAPTER 6]		
CHAPTER 4: PERSON-CENTEREDNESS		
4-1	Listed specific exceptions to PCPs.	"A PCP is required for all Community Intervention Services…except for assessments and crisis services, e.g., the Diagnostic Assessment, Mobile Crisis Management, and detoxification-services."
4-1	New sentence linking the CCA to the development of the PCP.	"The person responsible for developing the PCP should include the results & recommendations of the comprehensive clinical assessment as an integral part of the person-centered planning discussions and incorporate them into the plan as appropriate and as agreed upon by the individual and/or his/her legally responsible person."
4-2	Clarifies when an Intro PCP may be used; added the new requirements.	Updated to match the new PCP guidance, mostly addressing the special signature requirements for the attestations for the CCA and for youth involved with DJJ, etc.

4-3	Clarifies the requirements related to the Complete PCP.	"New service orders on the Complete PCP are only required if a new service is planned for the individual and added to the Complete PCP; otherwise, the service orders indicated for the services that were documented on the Introductory PCP are still valid."
4-4	Added a statement to discourage altering PCP formats.	"These Person-Centered Plan formats are used as standardized forms by providers across North Carolina, and should not be altered."
4-4	Added new section	Additional guidance related to dating the PCP: Dating the Person-Centered Plan.
4-5	Added Date of Plan Table	Same table as in PCP Instruction Manual.
4-6	PCPs for CAP-MR/DD	Added information for CAP-MR/DD providers who will use the PCP, which replaces the POC. Also removed a reference to an outdated communication bulletin about POCs.
4-7	Reflects the additions/changes in signing the PCP.	Added the various new requirements to this section.
4-8	Explains the changes in signing the PCP.	Explains the special requirements for children [DJJ, care coordination, etc.] Also, explains LME designation of rep. to sign as LRP & requires a copy of the custody papers be filed in record if DSS has custody.
4-10	Added, "Revision and Annual Rewrite" to title of section.	Added check box language for clarification of new requirements.
[MOVED CHAPTER 5: INITIAL CLINICAL ASSESSMENTS & EVALUATIONS TO CHAPTER 3]		
CHAPTER 5: MEDICAL NECESSITY AND SERVICE ORDERS		
5-1	Clarifies when service orders are required or recommended.	Service orders are required for all Medicaid services, except assessments and evaluations, and are recommended for all state-funded services whose definitions indicate the need for a service order in order to corroborate medical necessity.
5-2	Clarifies duration of orders and when new orders are needed.	Updated some of the guidance on service orders: when they need to be re-ordered, how long they are valid when a new service is added after the PCP was written, etc.
5-3	Expounds on who can order services, adds the new requirements for ordering services.	Details how the check boxes are addressed for ordering services; specifies which section to use [Section A or Section B]; clarifies that for Medicaid, a QP may only order TCM or CAP-MR/DD; provides guidance for ordering state-funded services
5-4	Changed POC to PCP for CAP-MR/DD.	Removed POC and replaced it with PCP.

5-4	Change in guidance for verbal orders.	Added date of order, and tightened the time frame for getting them signed [from 30 days to 72 hours].
5-4	Added/removed Clinical Coverage Policies.	Added Clinical Coverage Policy A4 [new policy]; removed Clinical Coverage Policy 8B and 8E, which are outside the scope of the RM&DM.
[MOVED CHAPTER 6: PERSON-CENTEREDNESS, WHICH IS NOW CHAPTER 4]		
CHAPTER 6: SERVICE AUTHORIZATION		
6-1	Removed allowance for unmanaged CS services.	Deleted paragraph.
6-2	Removed inpatient services from the ITR listing.	Documentation requirements for inpatient services are outside the scope of the RM&DM.
6-3	Added new CAP-MR/DD services.	Added new CAP-MR/DD services to authorization list for using CTCM form.
CHAPTER 7: SPECIAL ADMISSION & DISCHARGE PLANNING REQUIREMENTS		
NA	No changes were made in this chapter.	
CHAPTER 8: SERVICE NOTES AND SERVICE GRIDS		
8-1, 8-2, 8-3, 8-4,	Timely Documentation & Late Entries, with sub-headings – Revised to provide better clarification.	More clarification about meeting the time frames for entering notes and for handling late entries. Better defines the 7-day timeline for reimbursement, and clarifies when a late entry is billable vs. not billable. Added a Service Note Timeline table to capture the essentials. Added more specific guidance to late entry procedures related to periodic, day/night, and 24-hour services.
8-5	Contents of a Service Note	Offers additional clarification & guidance. Example: "Effectiveness of the intervention(s) and the individual's response/progress toward goal(s). Re-worded the signature requirements for better clarity.
8-6	Added section on Shift Notes.	Added a paragraph about writing Shift Notes, as there have been several questions about these.
8-6	Added section: Service Notes When Providing Group Therapy	Added this paragraph to provide some basic guidance.
8-6	Added section: Service Notes When Provided by a Team	Added this paragraph to help provide some basic guidance, especially relating to writing and signing the note.

8-6, 8-7	Service Note Requirements for Case Management Services	Removed "Targeted" from the title of this section and added an introductory paragraph. Removed elements that were repeated from the basic content requirements already listed, leaving this section to address only the unique guidance specific to CM notes here.
8-7	Frequency and Other Requirements for Entering Service Notes	Added, "For all periodic services, the frequency requirements for entering service notes is per event, or at least per date of service, when the service is provided." Also added case management to the list of services that require a full service note.
8-9	24-Hour Services	Deleted "Medical Programs, including inpatient, and added Psychiatric Residential Treatment Facilities [PRTF]: Per Shift
8-9, 8-10	Modified Service Notes	Removed Adult Day Health from the list and added a clarifying paragraph following the list, referencing the Adult Day Health manual.
8-10	Service Grid Documentation	Added, ". If a grid is not used to document the provision of any of the services listed below, then a full service note, or modified service note [when allowed] is required." Changed "daily" to "per event or at least per date of service."
8-11	Required Elements of Service Grids	Added, "Note: For respite and personal care, the requirements for modified service notes outlined in the previous section should be followed when documenting these services on a grid."
CHAPTER 9: GENERAL DOCUMENTATION PROCEDURES		
9-1	First section, last two bullets	Clarified when multiple providers provide services, each must write a separate note for each discrete service. Added last bullet re. writing notes when service is provided by a team.
9-2	Consent	Changed "Consent for Treatment" to "Consent," with an introductory paragraph. "Consent for Treatment" & "Consent for Research" are two sub-headings. Added consent requirement for use of restrictive interventions to Consent for Treatment section. Research text is new.
9-3	Timely Documentation and Late Entries	Much of the detailed text was originally in this chapter, but since most of it was related to service notes, it has now been moved to the chapter on service notes. Some basic guidance here remains, but a reference at the end points to the new location related specifically to service notes.
9-3	Corrections in the Service Record	Expanded guidance on making corrections in the service record.
9-4	Signatures	Added some examples of acceptable signatures and offered additional guidance for entering professional signatures.
9-5	Signatures	Re-wrote paragraph about CEO of LME being LRP, etc., and moved to later section in this chapter.

9-6	Authenticated/Dated Signatures	Broadened concept. Now reads, "There are some instances where a person's signature is critical to the authenticity of a document, whether it is the signature of the clinician, client, legally responsible person, or other individual."
9-6	Signatures of Individuals, Parents, and LRPs	Broadened concept in this section to include the individual, parents, and legally responsible persons.
9-6	Countersignatures	Deleted all but most of the first sentence.
9-6, 9-7	New: Legally Responsible Person Issues	This new section includes guidance in the following topical areas: When the LRP is the Local DSS, When the LRP is the CEO of the LME, and In Loco Parentis and Consent for Minors.
CHAPTER 10: SPECIAL SERVICE-SPECIFIC DOCUMENTATION REQUIREMENTS & PROVISONS		
10-1	Added small section on Basic Benefit Services	Part of this says, "Basic benefit services, also referred to as outpatient treatment and medication management services, when provided by themselves, do not require a PCP, although a PCP may certainly be used," and also addresses service orders and service plans.
10-3	New: Specialized Consultative Services	Added this new CAP-MR/DD service.
10-10	Added Outpatient Tx./MM section	Crosswalked Outpatient/MM to correspond to Basic Benefit Services in same chapter.
10-10	Professional Treatment Services in a Facility Based Crisis Program	Added service order requirement.
10-10	Added CON requirements to PRTF.	Added in the federal requirements for a CON, etc.
10-11	PSR	Added 6-month review minimum requirement for PCPs.
10-11	Deleted Public School Services Provided in MH Facilities	This section is outside the scope of the RM&DM.
CHAPTER 11: DOCUMENTATION REQUIREMENTS FOR SERVICES USING MODIFIED RECORDS		
	No significant changes were made in this chapter	

CHAPTER 12: ACCESSING AND DISCLOSING INFORMATION		
12-1	Individual Access to Service Records	Added "or legally responsible person" to the text.
APPENDIX		
Updated the PCP templates, the LME Consumer Admission and Discharge Form, the CAP-MR/DD Residential Support and Home Support Grid, and the Service Delivery Table. Removed the CAP-MR/DD Plan of Care.		

There are other minor edits and word changes throughout the RM&DM, but this chart captures the primary revisions.

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Instructions for updating the RM&DM hard copies is as follows:

Here is a breakdown of all the pages where there are edits, additions, and/or changes:

Cover Page:	Replace the Cover Page.
Table of Contents:	Replace the Table of Contents.
Preface:	Replace all the pages in the Preface.
Chapter 1:	Replace all pages in this chapter.
Chapter 2:	Replace 2-1, 2-3 through 2-10
Chapter 3:	Replace all pages in this chapter.
Chapter 4:	Replace all pages in this chapter.
Chapter 5:	Replace all pages in this chapter.
Chapter 6:	Replace all pages in this chapter.
Chapter 7:	No changes were made in this chapter.
Chapter 8:	Replace all pages in this chapter.
Chapter 9:	Replace all pages in this chapter.
Chapter 10:	Replace all pages in this chapter.
Chapter 11:	Replace page 11-1.
Chapter 12:	Replace all pages in this chapter.
Index:	Replace all the pages in the Index.
Appendix:	Replace Appendix A. Replace Appendix C. Replace the CAP-MR/DD Residential Support and Home Support Grid in Appendix D. Remove Appendix F Change Appendix G to Appendix F Change Appendix H to Appendix G Replace the Glossary, now Appendix H.

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